



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Program Name</b>	FRIENDS CENTER FOR CHILDREN - BLAKE STREET				<b>License Number</b>	DCCC.70516	<b>Date of Inspection</b>	06/28/2024
					<b>Expiration Date</b>	10/31/2027	<b>Time of Inspection</b>	10:55 AM
<b>Address</b>	495 BLAKE ST  NEW HAVEN CT 06515-1249				<b>Telephone</b>	(203) 468-1966	<b>Total Capacity</b>	44
					<b>Days and Hours</b>	MONDAY - FRIDAY 7:30AM - 5:30PM	<b>Under Three Capacity</b>	24
<b>#Children Present</b>	29	<b># Under 3 Present</b>	12	<b># Staff Present</b>	8	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	3 month follow up for case #2024-165				<b>Name of Inspector</b>	Kevin Eddy		
<b>Program's Email</b>	info@friendscenterforchildren.org				<b>Inspector's Email</b>	kevin.eddy@ct.gov		

### Regulatory Violations

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings – Regulations In Compliance</b>	
Statute and/or Regulation: 19a-79-4a(c)(4)(D)	Description: 021b-Supervision
Observed proper supervision and ratios at time of visit inside, outside and during transitions.	
Statute and/or Regulation:	Description:

<b>Statute and/or Regulation:</b>	<b>Description:</b>

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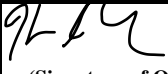


<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>YES/NO: No</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>DISCUSSIONS/COMMENTS</b>
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**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Kevin Eddy</b> (Printed Name)			<b>JESSICA LEGERE</b> (Printed Name)